[Rao Bahadur A. Rengaswami Aiyar.]

not utilised as the Government reconsidered the question. These are the explanations for the savings under big items of expenditure. I may explain now how the remaining savings occurred. These grants are distributed among various officers and even if a little saving occurs in each office, the sum total amounts to a big figure. The explanation for them is found in detail in the Public Accounts Committee's report and the charge of dereliction of duty on the part of officers concerned is not fair or proper.

Mr. Nedumangad R. Kesavan Nair: May I know why there was an unprecedented surplus of Rs. 30 lakhs for the year 1111?

President: The Financial Secretary has already explained that there was a change of policy on the part of Government. The Government made up their minds to drop the Thampanoor Valley scheme and not to give the loan to A. D. Cotton Mills. And thus the surplus has been effected.

Rao Bahadur A. Rengaswami Aiyar: Therefore what I state is that the officers cannot be accused of carelessness for the savings that occurred. With these words I request the honourable member not to press the resolution.

Mr. K.R.Elenkath: Sir, my object in moving this resolution was only to make a suggestion to Government. But here I find the Financial Secretary justifying the position of Government and justifying himself.

President: We cannot proceed further since the clock has struck 3-30 and the adjournment motion has to commence.

ADJOURNMENT MOTION.

MALARIA.

Mr. K. R. Elenkath: I beg to move that the business of the House be now adjourned for the purpose of discussing a definite matter of urgent public importance, namely, the grave and alarming situation caused by the outbreak of malaria in a virulent epidemic form in Perumkadavila and other eastern pakuthies of Neyyattinkara taluk and some of the pakuthies of Vilavankod, Kalkulam and Nedumangad taluks adjoining the area.

Sir, it is with a deep sense of responsibility and a feeling which one cannot but give vent to before the representatives of the people that I bring to the notice of this House the alarming condition prevalent in the areas I have mentioned in the motion. The epidemic of malaria has been raging in recent years in South Travancore, especially in the Neyyattinkara taluk and in the adjoining pakuthies of the neighbouring taluks; and the Government have been very

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graciously and kindly giving help to the suffering people by granting their demands for affording relief to the afflicted. The object of my present motion is to bring to the notice of the Government the fact that the present situation in the affected areas is as dangerous and as deplorable as it has ever been. Malaria is not new to this State. Although it has not been uncommon especially in some of the eastern pakuthies of South Travancore where it has been raging in an epidemic form for many years past it was in 1110 the disease took a virulent form in these areas. The symptoms were very peculiar and were not similar to those of endemic malaria. The malaria which is common in the hills is not so fatal in its results and virulent in its nature. The pakuthies that are now subject to the attack are Perumkadavila, Maranalloor, Ottasekaramangalam, Kunnathukal, Parassala, Kollayil and Neyyattinkara in Neyyattinkara taluk, Kaliyal, Edacode and Arumana in Vilavancode taluk, Thripparappu, Thirunanthikara and Kulasekaram in Kalkulam taluk and Kattakada, Ariyanad and Palode in Nedumangad taluk.

At present, the disease is in its most virulent form in the Perumkadavila pakuthi. The present death rate has almost reached the highest figure of the year 1111. In the month of Karkadakam 1111, the number of deaths was 45. Last month *i. e.* in Thulam 1113 there were 42 deaths in that pakuthy. This month, considering the number of fatal cases during the last 12 days, I should think the total number of deaths will come to nearly 70, *i. e.*, more than 1½ times the death rate of Karkadakam 1111 as could be calculated from the average death rate for the first twelve days of the month. The number of attacks also is very high. In Chingam 1111, in Perumkadavila the number of attacks was 2,659 ; and slowly it came down to 1,006 in Meenam. From there, it rose again to, 2,010 in Karkadakam. In the beginning of 1112, there was gradual improvement in the situation and the figure came down to 1,812 in Chingam and went down to 1078 in Makaram. Again it went up to 3,095 in Mithunam the maximum ever recorded in the year. Then it was that we brought the matter to the notice of the Government, and the Government were pleased to bestow some attention though not quite adequate to what it deserved. Although in Mithunam 1112 the condition was serious enough to deserve the attention of the Government, there was not the necessary public agitation to bring the matter to the notice of the Government to the exact degree of its gravity. As there was a small lowering down of the figure, after Mithunam the Government naturally thought that all was well and no crisis as the one obtaining at present would arise.

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Coming to this week, the daily average is 137 so that the number of attacks this month works up to a little above 4,000. which is a figure which has never been reached in the pakuthy ever before. And it must be remembered that the attack is on its onward march and not at a retarding stage. I need not tell the House that if immediate steps are not taken to check the disease, the result would be disastrous. I visited the area even yesterday. Sir, I cannot adequately give vent to the feelings that overcame me at the most pitiable scenes I witnessed. In one house which I visited, all the inmates, the mother and five children, were laid up, and I was told that, just an hour before I visited the house, the father, who was the mainstay of the family, died of the disease. Such is the condition in most of the houses there some of which I had the misfortune to visit. There are few houses where there is a single person who is free from the attack although every one is not actually laid up. I would also mention another instance for the particular attention of the Judicial Department. On my way to the houses in the interior areas I saw an *Amin* and I asked him where he was going from. He said that he had an arrest warrant to a civil debtor but that the debtor was down with malaria and therefore could not be arrested. I also know that at this time the Revenue Department is going on auctioning immovable properties even for small arrears of land revenue heedless of the fact that the owners of such properties are all laid up with malaria and require assistance even for their daily subsistence. I would suggest to the Government in this connection that it would be a great help if instructions are issued to the Revenue Department and to the Judicial Department to suspend coercive execution steps for some period, at least till normal conditions are restored in that area.

Coming to Marayamuttom, which is in the centre of the Perumkadavila pakuthi, quite recently, *i. e.*, just two days back, a dispensary was opened there; and, already, there are 400 cases of attacks treated there, which is certainly less than the actual number since the records do not include all the school children and parents who had not got knowledge that a dispensary had been opened there. In the vernacular middle school there, out of the 380 pupils, only 6 are free from the attack and out of the teachers, 50 per cent. are actually laid up. That is the information I got yesterday on my visit to the area. Those teachers attending schools with attack of malaria simply sit quite without doing work because, they are not able to do any work, and they are forced to attend school at the sacrifice of their health for they have no means of subsistence other than their small salaries. I would suggest that there would be no harm in closing these schools temporarily till the virulence of the disease subsides.

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Now, Sir, what are the remedies that are immediately necessary to face the situation ? I have referred to the various pakuthies where the epidemic is prevalent. I am not going to mention the details. In some of these pakuthies which are endemic areas the disease has taken a form which is not common in the endemic stage. Judging from the symptoms this does not seem to be ordinary malaria. There is giddiness followed by delirium, and high fever, followed by vomitting ; and the victim succumbs to death immediately. These are not ordinary symptoms in endemic areas where there are a number of patients getting but occasional attacks of malaria and surving the disease for years. Therefore my suggestion is to stem the disease immediately from encroaching into areas which have not been yet affected. Intensive curative methods have to be immediately introduced in the areas where the disease has taken an endemic and chronic form from which the disease has a tendency to assume an epidemic form, so that it may not spread to new areas Remedial measures and preventive work have to be done immediately.

The pakuthies that are attacked are, as I said, Perunkadavila, Maranalloor, Ottassekaramangalam, Kunnathukal, Parassala, Kollayil and part of Neyyattinkara in Neyyattinkara taluk, Edacode, Kalyal and Arumana in Vilavancode taluk, Thripparappu, Thirunanthikara and Kulasekaram and adjoining parts of Thiruvattar in Kalkulam taluk and Kattakada, Aryanad and Palode in Nedumangadtaluk If there should be anything like a permanent prevention of the disease, a malarial belt should be formed from Bhoothapandi in the south to Palode in the Nedumangad taluk. I think there is a proposal pending before the Government. A scheme was sent up by Mr. M. O. T. Aiyangar, if my information is correct. Anyhow, such a preventive work is imminently necessary. It may not be possible for the Government to spend all the money necessary for the purpose, because they require a good percentage of the State revenue for running the general administration of the country. I would venture to suggest that all extravagant expenses like those required for the beautification of the towns may be postponed at least for some time, in the general public interest of the poor suffering villagers in the interior, and rural areas of the State.

It may not be possible for every Government or many Governments to undertake such beneficial schemes as would involve heavy outlay as that undertaken by Sgr. Mussolini in converting the swampymalarial ruin of a village Oegtia into a neat modern city with concrete roads, promenades and recreation piers and gardens. Preventive work means large amount of money which it may not be possible for many Governments to find or lay by. What I would suggest is that some intensive work may be taken up as far as the

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State resources would permit so that this disease may not spread from that area to new areas and the danger of big towns like Neyyattinkara and even the capital city of Trivandrum getting the attack may be prevented in time. For it has almost reached the town of Neyyattinkara. for Vandannur, the outskirts of the town has been affected this time. Trivandrum is close by and bordered by Neyyattinkara on the one side and Nedumangad on the other. Two sides of Trivandrum have already been attacked and if something sudden and immediate is not undertaken there is the danger of the capital city even succumbing to the disease.

What are the immediate measures that we may suggest? One of the immediate measures that may be adopted would be to supply as far as possible the medicine required. That is the most primary need. I find that in many places even the quinine required has not been supplied adequately. There is a dearth of it in many places and the patients have to suffer without medicine being administered. The figures in the newly opened dispensary would show that on the opening day of that dispensary at Marayamattom more than 80 cases have come for treatment. These 80 cases had not been getting medicine from Perunkadavila or had not resorted to that hospital which of course with the small stock it has could not provide for all those who come except to the patients in the immediate neighbourhood. As far as possible many dispensaries may be opened scattered throughout the rea and temporary sheds may be opened to admit in-patients in them.

Then there is the need for providing poor families with food and clothing, but it may not be quite possible to discriminate easily as to who are the deserving persons for the support or concession. There must be an agency to do this work and the department alone should not be left to work as this agency. There is in Travancore a Scout movement of which our worthy President is the Chief Commissioner. Sir, is this not the opportunity for the scoutes to show that spirit of service to their brothers who are suffering every moment? These scouts ought not to be considered as a well-dressed band of youths only fit to be presented on ceremonial occasions. Occasions for the real service of the movement are such dire times and situations like this. They can at least undertake to be the agency for good service. They could be sent out in batches to different areas to collect actual statistics, to issue tickets to the houses enumerating the number of patients there, the number of men who are able-bodied, the measure of rice which is required for them, &c. They could collect statistics in every detail and they can be agencies in doing these kinds of non-official work for making such work effective and beneficial to the utmost. I am

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now reminded of a statement made by the President of the Humanitarian Society, Mr. Narayanan Pandalai, to the press. He says he visited the seareas and wanted to distribute some rice. But he did not know to whom to distribute it because there was no non-official agencies especially in the interior parts and he feared that without honest agencies for work the service may be misplaced or abused and hence he took back the sacks of rice he took with him for distribution If there were such an agency like the scouts, every benefactor could entrust them with what little help he can and these scouts could distribute it easily and fairly among the deserving poor. Able-bodied workers are few in these areas because a major number of them succumbed to the disease. But there are a few people who if supplied with labour could maintain their families and by honest work could provide the means of livelihood to these families.

Last time such relief measures were taken up and the Chief Engineer through his department spent nearly Rs. 34,000 or an amount between Rs. 30,000 and Rs. 40,000 for the construction of new roads. But this time nothing of that kind has been undertaken, not because of the fault of Government perhaps but because of the people who failed to bring it to the notice of Government in time. If this work could be taken up, some roads which were started then and have not been maintained properly or have not been completed could be completed and properly maintained. It is indeed gratifying that the deputation which waited on the Dewan some two days back was well received and they were given all hope that the Government would do the utmost they can by granting any amount which will have to be reasonably spent and that he himself would be gracious enough to visit those areas to realise the actual situation personally. I would suggest that he might at least visit a few houses, though with some discomfort and inconvenience, in the interior and see for himself the actual position in which some families are. Sir, it will also induce the subordinates to be vigilent and to do their duty properly when they find the Head of the Administration is as much interested in the matter as anyone else and it is his interest to see that the well-being of these suffering victims of malaria is among his prime concerns.

Now I do not go into the scientific or the hygienic and technical side of the question. I was interested to read many articles about malaria, which suggested so many remedial measures which of course the Surgeon-General and the Director of Public Health will try to bring into effect. I look to Government to render them all possible help and to render all convenience to those who really want to do the relief work by affording them all facilities in the shape of men and money.

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Mr. Nedumangad R. Kesavan Nair: Sir, I wish to say a few words on this adjournment motion. just to point out to the authorities the alarming conditions at Nedumangad so far as this question is concerned. Reference has been made of Kattakada by Mr. Elenkath. Kattakada forms the frontier between Nedumangad and Neyyattinkara, The karas of (കുളത്തുമൽ) Kulathumal (ചെമ്പനാകോട്) Chempanacode (മംഗലക്കൽ) Mangalakkal and (പാറച്ചൽ) Parachal have been attacked by this epidemic and petitions have been sent to the Surgeon-General, Director of Public Health and to the Dewan. It seems the Director of Public Health has been kind enough to visit the place a couple of days back. There the hospital close by is the dispensary at Perunkadavila where as the previous speaker stated, there is not enough medicine. When patients from Kattakada and adjoining places go to Perunkadavila they are told that medicines are not being supplied there and what little medicine there was in stock was needed for the local patients. The next hospital they could have recourse to is the hospital at Nedumangad which is situated nearly 17 miles from those places. The vast majority of the population in the pakuthies that I mentioned just now are day labourers who are more or less starving, so that once there is this trouble they could not hire a conveyance nor could they engage a man to get medicine.

I endorse every remedial measure that has been suggested by my honourable friend Mr. Elenkath and I would invite the kind attention of the authorities to these places. Sometime back when there was a similar attack of cholera in these places, Government was pleased to have certain temporary dispensaries erected in these places. I would in conclusion suggest that at least a temporary dispensary may be immediately opened at Kattakada so that remedial measures may be started without delay.

Mr. N. Abdur Rahiman Sahib: While fully endorsing what has been said by the two previous speakers, I also wish to say a few words. Reference has been made by both of them to the fact that malaria has broken out in some parts of Nedumangad taluk as well. As representing that constituency, I would be failing in my duty if I do not support this important motion brought before the house. For the last four or five years malaria has been breaking out almost annually in certain parts of Neyyattinkara and Nedumangad taluks and though Government have been taking up measures for ameliorating the condition of these people living in the malaria stricken areas there is an apprehension on the part of the people that adequate attention is not being bestowed by the authorities concerned in this important matter. That is why this attempt by Mr. Elenkath to table this motion in order that the attention of Government may be drawn to the importance as well as the urgency of

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tackling this problem in a satisfactory manner. Of course, various measures have been suggested and it will suffice for me to add that everything that is possible should be done to prevent this malady from spreading to other areas as well as to afford sufficient labour, food and clothing to the large number of the helpless and suffering people in these various areas. It is also indispensable to supply medicines as speedily as possible in these areas. Of course, it is conceded that quinine is the only mixture that is prescribed for these distressed people. I understand that certain people have no faith at all in this form of treatment and they have more faith in the Ayurvedic system of treatment. If that be the case, may I take this opportunity to suggest to Government that everything that could be done by the people in the Ayurvedic Department should be done as promptly as possible. With these words I support the motion.

Mr. James Simpson: Sir, I am indeed glad that this adjournment motion has been brought before the House so that I can give the House some actual facts and figures regarding malaria in Travancore. Most of the statements made by the mover of the motion are correct. But, I am afraid I must minimise, to some extent, the gravity of the situation that was sought to be made out by the mover of the adjournment motion. As I said on the floor of the House some two years ago, malaria in Travancore is no new monster which has come amongst us. It is a disease whose habits as it were, are known to us and its localities are known to us but its complete eradication must wait until we have fullest information regarding the causal mosquito.

We are dealing with certain tracts where conditions have been bad for a long time. Now, Sir, regarding the present spread of the disease, I shall give some facts. We have found that in Perunkadavila and especialy around Marayamuttam, there has been an increase of cases. In places further east there was an epidemic of malaria two years ago but Marayamuttam was not infected at that time. When the area was inspected we found that malaria was spreading westward from low-lying parts near the mountains. The people of those newly affected parts have no immunity to malaria. The figures regarding death rate in Perunkadavila quoted by the member, I am sorry to say, are correct. We find that the figures for the worst epidemic in Chingam 1111 when Government started work are not available. In Kanni 1111, the death was 45. Now it is 42. I can say that the deaths in these areas have been increasing during the last month.

Now, I shall speak about what Government have done. We have arranged for the establishment of an out-patient dispensary at Marayamuttam to serve the newly affected area.

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Mr. K. R. Elenkath: What is the proportion of death compared to Kanni last year?

Mr. James Simpson: In Kanni last year, there were 14 deaths; in Kanni this year there were 12 deaths.

We have arranged for a new dispensary and the medical officer there is seeing a large number of patients. We have also arranged for a travelling compounder who goes into the interior and visits the patients. He is visiting schools also. There are four large schools there. He is giving quinine and other medicaments to school children. For this purpose we must have the co operation of the public and the Education Department. The public must appreciate our work and must not have the shadow of a doubt about what we are doing.

Some members question why we are giving only quinine. The problem of finding a remedy for malaria is a very big problem. The Director of Public Health will deal with that side of the question. We are now collecting statistics. In the malaria survey of India, the chief Malariologist for the Government of India says as follows:—

"The only practical way of investigating malaria is to survey the conditions prevalent in a particular area and further to deal with these conditions. There is no short cut."

There is no use of deciding on that question now. True statistics must be collected by the Public Health Department as to the kind of mosquitoes that are causing malaria in this area and that mosquito must be eradicated. Now, Sir, let me say a word on the general work Government has done and is doing in connection with the malaria epidemic. We have a series of dispensaries from Palode and Vidurai to Kulasekaram and Bhudapardi. Mr. Kesavan Nair referred to the Kattakada area. There is a Salvation Army Hospital which gives treatment to the patients there.

Mr. Nedumangad R. Kesavan Nair: Do they give medicine free?

Mr. James Simpson: Yes, they give medicine free to those who cannot pay.

We have Maranallur which is near that place, about 4 miles, if I remember right, where there is a compounder. The Medical Officer goes to that place thrice a week. At Chempoor we have a Medical Officer and a dispensary.

Mr. Nedumangad R. Kesavan Nair: Is the Surgeon-General aware that at the Salvation Army Hospital some payment has to be made by the patients to the missionaries by way of *kanikka*?

Mr. James Simpson I am prefectly aware of that. Those who can afford to pay it, give it. Those who cannot afford it, still get treatment.

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Joining up all these hospitals, we have four Sanitary Inspectors who inspect the whole area. This year we have also provided for the collection of vital statistics. When a member of this House brought the question to the notice of this House two years ago there were not reliable statistics. Now we have reliable statistics.

Mr. K. R. Elenkath: Is the member aware that the statistics supplied by the department are not quite adequate and that there are more attacks and deaths than are shown in the statistics?

Mr. James Simpson: I disagree with Mr. Elenkath and state my figures are quite correct.

Now referring to Nedumangad, the malarial situation there is not now anything like what it was two years ago. We will take Aryanad. The number of attacks now is 1,020 whereas it was two years ago 1,680. It is quite on a level since Mithunam last year. There is a dispensary at Aryanad which treats about 1,000 people a month. I do not think it is necessary to increase it just now. We have dieting arrangements for the patients at Nedumangad. The conditions there are quite under control. I daresay that the Director of Public Health who is here at the present moment will be able to speak about the observation station. I visited the station only last week and was agreeably impressed with the work being done.

We have dissected about 1,500 mosquitoes and we have collected very interesting figures. I would like the House to remember that the Public Health Laboratory will in future give us sufficient statistics to go ahead in eradicating mosquitoes which is what we desire. The quininising of people is only a temporary measure until we get to the root cause of the trouble which is the mosquito.

Regarding the question of relief measures, Government spent in 1111 about Rs. 14,000. As I said before, we have only this small area. I am convinced that if we start giving relief in that area, people of Chempoor and other places would also want the same. I am not convinced that it is necessary at the present moment to start doling out rice, cloths &c., as was done two years ago. I am convinced that the diet of the patients should be increased. I may inform the House that the dieting at the Neyyattinkara District Hospital has already been increased.

Mr. K.R. Elankath: May I know whether the member is aware that those who have been attacked by fever are unable to have even a meal?

Mr James Simpson: We are trying as far as possible to give sufficient diet.

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[James Simpson.]

Looking at the condition of the malaria stricken people at Neyyattinkara I have decided that the dieting shall be on a liberal scale that is to say, more free than it was given before. The places affected by the disease are being carefully watched by the Sanitary Inspectors and statistics collected in that connection. At Panachamood there is one main hospital which is doing good work also in the interior parts on a large scale. Dr. Somervell and his staff are also rendering useful work by way of free distribution of a atebrin. He is also engaged in the collection of statistics on this treatment which I think will be useful for the Medical Department.

As for the question of carrying on relief work as was done two years ago, I can only say that the point will be duly considered. Further, when the necessity for improvements to roads is felt, the Chief Engineer has authorised me to say that he has in mind certain works to be carried out when necessary.

Dr. M. K. Gopala Pillai: Sir, I wish to dispel from the minds of the honourable members the notion that the present epidemic of malaria is a new one. It is only a continuation of the old epidemic which swept over Ceylon in 1934 and which spread to Travancore in 1935. It is quite characteristic of malaria that at periodic intervals it transgresses its endemic limits and rises to epidemic heights. In the opinion of Major General Sir John Meyard, lately Director-General of the Indian Medical Service, "Malaria which every year affects not less than 50 millions in India may in some years attack over 100 millions". The effects of this disease are found to be more acute in South Travancore, as unlike the state of affairs in the North, the epidemic centres of malaria in the south are situated close to densely populated villages and towns. Treatment centres were opened in different places to combat the recent epidemic and many of them are still being carried on. You will find a chain of hospitals almost in every pakuthi, from Vidura to Kulasekharam. The Surgeon-General has made mention of about 8 hospitals and they are still working. The Public Health Department has established four observation stations in the epidemic area to find out the peculiar feature of the various types of the disease. Suitable plans for controlling the disease will be suggested to Government at the end of the survey now in progress.

Mr. K. R. Elenkath: Can the member give the results of the survey made in 1926 and of that recently made?

Dr. M. K. Gopala Pillai: Figures for the previous survey are not available. But the figures of the recent survey can be had. It has been found out that the recent epidemic is the manifestation of a particular variety of malaria. So then, it has to be controlled in a particular manner.

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At Nedumanged, the honourable member said that people have to travel about 17 miles to the nearest hospital. I think there are hospitals at Aryanad and Kallikkad where malaria patients are treated. Though the Ayurveda system of treatment was tried in some places during the recent outbreak of the epidemic, I am not in a position to recommend its continuance just now as there has been a recurrence of cases in the area where Ayurvedic system was tried.

Mr. Nedumangad R. Kesavan Nair : Is there a complaint from the people at Vellanad that they do not get medicines from the dispensary there ?

Dr. M K. Gopala Pillai : As a matter of fact, people do not take medicine. They find that quinine is a bitter medicine and cannot be taken in at all times. For curing, it must be taken in adequate dozes—say 10 grains doze, 3 times a day, for five days consecutively. Then alone the disease would be cured.

Mr. M. S. Anirudhan : By doing so, can the area be a proof against that disease ?

Dr. M. K. Gopala Pillai : Leaving the place for good and also sleeping with a mosquito curtain, will be suitable remedy.

Mr. Kottur Kunjukrishna Pillai : May I know whether it is possible to make this area free from malarial pests ?

Dr. M. K. Gopala Pillai : Yes. The money that will be required to control the disease will be far greater. It may not be commensurate with the result.

Mr. Kottur Kunjukrishna Pillai : Does the member suggest that the people should vacate these places and go to other places to live ?

Dr. M. K. Gopala Pillai : Yes. The control of malaria in extensive tracts is a trying problem with large financial involvements. A suitable place of about a mile in area could be taken up and remedies experimented on that.

Mr. Kottur Kunjukrishna Pillai : May I know whether quinine mixture when taken in will immunize permanently anybody ?

Dr. M. K. Gopala Pillai : No.

Mr. Nedumangad R. Kesavan Nair : I would like to put a question to the Surgeon-General. May I know whether the member has statistics about the malarial patients at Kadanad ?

Mr. James Simpson : No, I have no special statistics. At Aryanad and other places we have collected statistics.

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Mr. Nedumangad R. Kesavan Nair: May I know whether the Surgeon-General has information from the patients whom he has seen at Kalliakad dispensary?

Mr. James Simpson: Not at present.

Mr. K. R. Elankath: I would like to make a few observations for the immediate attention of the Government and the department in view of the Surgeon-General's speech. I am glad to find that the figures in respect of the attack supplied by me and the department more or less tally. Still the Surgeon-General has not yet been convinced of the extent of the virulent nature of the disease. I may at once inform the member that I am speaking out of personal knowledge obtained through a non-official agency in the matter. I understand that the death rate of 42 in Thulam last was wrong. The actual number of deaths was 200. I have asked the agency to send up the names of persons who have died with their house address. I say this because though the departmental authorities are actuated with the best of intentions, they have not sufficient agencies to collect actual statistics. They simply go to the road side and see the conditions there. They get an account from the passers-by. Or, they consult the proverthicar or so. As I said, if there are authorised agencies, the situation could be gauged in the proper way.

In regard to the permanent immunity from disease in that area, I think the Government ought to take steps, because, it is in the interest of a large multitude of population who are daily labouring under great distress. In my opinion any amount spent on that account will be commensurate with the actual situation. In a case like this I think that an expenditure of money which may be considered to be fabulous should be spent, when we consider the magnitude of good resulting from it to the population. A village called Perumkadavila, the whole area is almost deserted by the people. We see only a few persons there. The whole area has been so devastated. The Government need not be alarmed at the dire situation caused thereby in and around some pakuthies of Neyyattinkara. Public Health officers have to be sent to the interior parts of the country to find out the actual number of cases that suffer and then administer medicine. It is the want of statistics about the actual conditions prevailing in rural parts. If that is ascertained, Government would become convinced of it. The Surgeon-General stated that this time the disease was not so virulent as it was formerly. I have only to tell him that the centre of the attack has been a little shifted. Last time it was Chempoor. This year, the activities of the disease is in Perumkadavila. The degree of attack is equal to if not greater than in 1112.

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In regard to the remedial measures adopted to counter the disease and the work done by the laboratories, I have to say one word. It is true that a lakh of people are being treated every year in hospitals for malaria. Will the Director of Public Health tell us whether the blood examination of at least a dozen patients has been conducted to know the type of the malaria ?

There are two or three types of malaria. I am open to correction by the Director of Public Health. The authorities have never been able to know what all types of malaria are prevalent in particular areas and the proportion of one type to the other. There are separate and different types of malaria and the authorities have not been able to find as to which type of malaria is prevalent, so that adequate measures may be taken for effecting substantial remedy. That is a case which has to be looked into by the Government and each type of malaria has to be treated in the particular manner and a preliminary survey and investigation are immediately necessary. In making these observations I want the House and the Government to realise that the attack of malaria is in no way less prevalent than it was some two or three years back and the situation demands all the alertness if not more than that the Government were meeting out last time. This time I believe that, with greater attention, the situation could be met and with the hope that Government will do it. I do not press the motion.

President : Before going to the next business, as was pointed out by the mover an influential deputation waited upon me and presented a memorial. Government will endeavour to be vigilant and try to alleviate the distress that is caused to the people.

The motion, by leave, was withdrawn.

DISCUSSION ON THE REPORT OF THE PUBLIC ACCOUNTS COMMITTEE—(*contd*)

Mr. K. R. Elenkath : My object in moving this resolution is to bring to the notice of the House the views of this House on the way in which the report has been submitted to the Committee, how the explanations were received calmly by the Government and how we are not supplied with information which we are entitled to.

Mr. Kottur Kunjukrishna Pillai : I wish to point out that it is past 4-30 P. M.

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